DISCLOSURE SUMMARY PAGE

FORM
DR-2
(Rev. 01/98)

DISCLOSURE REPORT

For Office Use Only
Comm. # _____ 9112
Indexed _S_
Audited _____
Computer _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Ringsold County Democratic 2008 OCT 22 AM 10:26

IMPORTANT: Indicate type of committee you are reporting for: [7]

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

Karen Schafer   641-785-2343

SIGNATURE OF TREASURER (or person filing this report)   **TELEPHONE**

10-19-08
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____10-19-08_____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)   Indicate one [1]

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
_____

County & Local Committees, enter County in which Election is held
_____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) .... $ 455.40

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 102.50

Schedule F: Loans Received total (Attach Schedule F) .... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL......$ 557.90

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 76.20

Schedule F: Loan Repayments total (Attach Schedule F) .... _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .... $ 481.70

UNPAID BILLS (From Schedule D - Attach Schedule D) .... $ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .... $ 14.84

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .... $ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)   ____ YES ____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) .... $ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

<table>
<tr><td>SCHEDULE
A
(Rev. 07/03)</td><td>MONETARY
RECEIPTS</td></tr>
<tr><td colspan="2">☐ CHECK THIS BOX IF
AMENDING FORM</td></tr>
</table>

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Ringgold County Democratic Party

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
7-22-08	ID# CK#	Cash from Co. FAIR Booth Donation Can	N/A	$2.50	☐
10-6-08	ID# CK#	From Waterman for State Senate Steve Waterman, 214 E Cass St, Osceola, IA 50213 /distribution of campaign funds	N/A	100.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $

TOTAL *(if last page of this schedule)* $102.50

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _1_ of _1_
(for Schedule A)

Reset Form

SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

☐ CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Ringgold County Democratic Party

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-22-08	ID# CK#	Mount Ayr Record News 122 W. Madison Mt Ayr, Iowa	2 Ads for Paper	$56.20
7-22-08	ID# CK#	Ringgold Co Fair Board c/o Amanda Wake, Sec 1549 250th Ave Tingley IA 5863	Co Fair Booth Rent	20.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#		SUB-TOTAL	$
			TOTAL *(if last page of this schedule)*	$76.20

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page ____1____ of ____1____

(for Schedule B)

	SCHEDULE	
	E (Rev. 06/97)	**IN-KIND CONTRIBUTIONS**

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Ringgold County Democratic Party

Reset Form

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7-22-08	Karen Schaefer 2239 130th Ave. Maloy, IA 50836	N/A	Checks	$ 14.84	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$	
			TOTAL (if last page of this schedule)	$ 14.84	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)